



California Department of Health Service
Division of Drinking Water and Environmental Management
Water Treatment Device Certification Program

Application for: **Modification**

<i>FOR OFFICIAL USE ONLY</i>	
Date Received:	_____
App/Cert No.:	_____
Check Logged:	_____
Tech Database Entry:	_____
Reviewer:	_____

1. **Certification Number:** _____

2. **Applicant Information:**

Applicant Contact:

Company Name: _____	Name: _____
Address: _____	Title: _____
City: _____	Email: _____
State/Zip: _____	Phone: _____
Website: _____	Fax: _____

I, the undersigned, certify that I occupy a principal position in _____
(Company that will be listed on certificate) and all statements made on this application are true and correct.

Signature: _____ Date: _____

Name (typed or printed) _____ Title: _____

3. **Designee:**

If using another company to facilitate this application process, the applicants must fill out and sign the following.
I hereby authorize the designated contact person specified below to act on our behalf in the processing of this application.

Signed _____ Title _____ Date _____

Designee Contact:

Contact: _____	Title: _____
Phone: _____	Fax: _____
Email: _____	

Company: _____
Address: _____
City/State/Zip: _____

4. **Application Fee:** (Make check payable to "DHS Water Device Fund 129")
_____ Modification (\$300)

Mail completed application, back up materials (including test data, items in Section 8), and application fee to:

Department of Health Services
Drinking Water Program, MS #92
Attn: Water Treatment Device Application

Express Mail:
601 North 7th Street
Sacramento, CA 95814

U.S. Mail:
P.O. Box 942732
Sacramento, CA 94234-7320

5. Action Requested

- ☐ Device(s) /replacement elements added or deleted – fill out section 6
☐ Change in operation parameter(s) – fill out section 7, and 8
☐ Change in health claims (contaminants) – fill out section 8 and 9
☐ Other – fill out section 10

6. Water Treatment Devices Submitted for Certification

Specify model designation(s) that should be listed, added or deleted under this certification. Multiple models may be listed as long as they are all “identical devices” as allowed by Section 60410(b)(7) and have the same manufacturer and the same set of health claims. List all replacement elements for each trademark/model designation. If the same replacement element(s) apply to all models listed, so specify. Use another piece of paper if you need more room to list all models to be included in this certification.

Trademark(s)	Model Number(s)	Replacement Element(s)	Action (add, delete, etc.).

7. Key Performance Specification

- (a) Rated service flow gpm
Rated service capacity (adsorptive media) gal
Operating temperature range F/C to F/C
- (b) RO systems specify:
Daily production rate for system gal/day
Tank size Auto shut off ☐ yes ☐ no
RO membrane (manufacturer and model #)
- (c) Water softeners specify:
Ion exchange media
Type of regeneration material Tank size
- (d) Does the system include:
☐ Performance Indicator ☐ Flexible tubing ☐ Faucet

8. Test Data

- California requires extraction testing (systems using adsorptive media must test with and without media).
- California does not require testing for structural integrity, chlorine taste and odor, particulate reduction or bacteriostatic properties.
- Testing must have been performed within two years of application submittal (DHS Policy Memo 01-01).
- If requesting data be extrapolated from a similar device, include detailed technical justification.
- Data for ultraviolet systems must include lamp life curves.
- Include performance indicator device test if testing to 120% of capacity instead of 200%.

Lab: Lab Contact:

Phone:

Was actual device tested or is data extrapolated from testing of a similar device?

☐ Actual device ☐ Extrapolated data*

** include detailed technical justification for any and all extrapolated data.*

9. Contaminants Proposed for Certification*: Check all that you plan to claim in your advertising.

Add	Delete	<i>Microbiological</i>	<i>System Tested</i>	<i>Date Tested</i>
_____	_____	Cysts (protozoan)	_____	_____
_____	_____	Turbidity	_____	_____
_____	_____	Bacteria	_____	_____
_____	_____	Virus	_____	_____
_____	_____	Nonpathogenic microorganisms (Std 55 Class B)	_____	_____
		<i>Organic</i>		
_____	_____	VOCs (chloroform surrogate)	_____	_____
_____	_____	Chlordane	_____	_____
_____	_____	Atrazine	_____	_____
_____	_____	Lindane	_____	_____
_____	_____	Methoxychlor	_____	_____
_____	_____	MTBE	_____	_____
_____	_____	2,4-D	_____	_____
_____	_____	Trihalomethanes	_____	_____
_____	_____	Other	_____	_____
_____	_____	Other	_____	_____
		<i>Inorganic</i>		
_____	_____	Arsenic	_____	_____
_____	_____	Asbestos	_____	_____
_____	_____	Barium	_____	_____
_____	_____	Cadmium	_____	_____
_____	_____	Chromium (hexavalent)	_____	_____
_____	_____	Chromium (trivalent)	_____	_____
_____	_____	Copper	_____	_____
_____	_____	Fluoride	_____	_____
_____	_____	Lead	_____	_____
_____	_____	Mercury	_____	_____
_____	_____	Nickel	_____	_____
_____	_____	Nitrate	_____	_____
_____	_____	Nitrite	_____	_____
_____	_____	Radium 226/228	_____	_____
_____	_____	Selenium	_____	_____
_____	_____	Other_____	_____	_____
_____	_____	Other_____	_____	_____

10. Other Type of Modification

11. Checklist - Use this checklist to help ensure that all the proper documentation is submitted to the Department for WTD certification. Please label and staple items together when necessary to make them easily identified.

- | | |
|---|---------------------------------------|
| _____ a. Completed WTD modification/sub-certification application | _____ j. Revised owners manual |
| _____ b. Check for application fee (\$300) | _____ k. Revised instruction manual |
| _____ c. New laboratory WTD test data (individually staple) | _____ l. Revised promotional material |
| _____ d. New laboratory extraction test data | _____ video |
| _____ e. Government registration or certification documentation (if applicable) | _____ web pages |
| _____ f. Revised blueprints or similar drawings of each device | _____ brochures |
| _____ g. Revised wetted parts list | _____ packaging |
| _____ h. Revised product data sheet(s) | _____ sales training manuals |
| _____ i. Revised product label(s) | |